



## Escrow Agent License Renewal Instructions

### Time Sensitive Read Carefully and Make Note This information affects the accurate and timely renewing of your license.

As long as a license was issued on or before 9/30/2006, the license must be renewed.

This license renewal application package is **only** for the licensee you list on page 1 of 4 of the "Escrow Agent License Renewal Application" #1, and all of its licensed branches (if any).

**Licensee:** This licensee's renewal must include in one license renewal package to this Department, all renewal forms, documents and other required information, including the renewal fees for all licensed branches/offices being renewed.

**Each Licensee:** Must complete their own renewal application and keep their renewal, documents, fees and other required information separate from any other entity that is licensed with this department under a common parent.

**Combined, incorrect or incomplete license renewal packages** will be returned to the Licensee for correction and a late fee will be assessed if the corrected license renewal package is not returned to this Department by September 30<sup>th</sup>.

**Time Sensitive:** A.R.S. § 6-815 requires that the renewal package be received in our office on or before September 30<sup>th</sup> or the license will be suspended. A penalty fee of \$25.00 per day will be assessed on all renewals received after September 30<sup>th</sup>. Renewals that are postmarked on or before September 30<sup>th</sup>, but received after that date will be assessed the penalty beginning October 1<sup>st</sup>. There will be no exceptions. If an incomplete renewal package is submitted, the \$25.00 fee will be assessed for each calendar day the application package remains incomplete, until October 31<sup>st</sup>, at which time the license will expire.

**To verify** that this department received your renewal, check with your courier or the mail delivery service that you used. AND/OR Check with the bank to see if the check cleared the account. Phone verifications will not be done until after all Renewals have been processed.

**To verify** when your renewal has been renewed by the Department, visit our website at [azdfi.gov](http://azdfi.gov) click List of Licensees click on Escrow Agents then do Ctrl + F to activate the find feature, enter the licensee name or license number. Our website updates nightly. Licensees only appear on our website if their status is Active. Your license has renewed if 09/30/2007 appears in the Expires date field. Renew early to allow for renewal processing time. New license certificates are not issued when renewing your license.

**Renewal Contact:** Your **Licensing Compliance Administrator and/or the President** will be the parties that will be directly advised by this Department of any and all of the renewal issues. Therefore, if any of the licensee's concerned individuals have any questions about how the renewal is progressing or why it has not been renewed, contact these individuals for an update.

**Order Now:** Licensees must provide, with their renewal, either a "current" (August 1st 2006 or newer) "Certificate of Good Standing" from the Arizona Corporation Commission (ACC) with your renewal, To contact the ACC call 602-542-3026 or go to their website at [www.cc.state.az.us](http://www.cc.state.az.us). **OR** For Licensees that are Non-Filing Insurance Companies that can not obtain a Certificate of Good Standing from the ACC, a "Certificate of Authorization and Deposit" from the Arizona Department of Insurance (DOI) is required. To contact DOI call 602-364-3999 ext 2716.

**Changes To Your License:** The licensee is required to notify this department at the time changes are being made regarding the license (e.g. licensee name, address, office closure, bond, change of control, change of the top five officers/trustees/partners/directors). Your renewal is not complete until these changes have been processed by this Department. **Note:** If the licensee waits until renewal time to notify the department of any changes regarding their license, a civil money penalty may be assessed.

**How To Make Changes To Your License:** For instructions on how to make changes to your current license visit our website at [azdfi.gov](http://azdfi.gov) click on Licensing then download Information about Changes to your License. To acquire the necessary forms download the Escrow Agent Application.

**New licenses are not issued just because your license renewed, unless changes were made to the license and the type of change required the original license to be returned.**



## Escrow Agent License Renewal Compliance Information

### Attention: Licensing Compliance Administrator

#### Regulatory Information

#### If you have escrow questions about:

**Escrow Rates: Filing, Forms, Review:** Contact our Financial Enterprises Division at 602-255-4421 extension 129. Current rates must be on file with this Department. See A.R.S. § 6-846 et al.

**Regulations / Compliance:** Contact our Financial Enterprises Division at 602-255-4421 extensions 119 or 129 and ask to speak to an Escrow Examiner.

**Statutes:** Visit our website at [azdfi.gov](http://azdfi.gov) click on Statutes click on Title 6. See Section 6-801 through 6-847

**Arizona Escrow Recovery Fund:** Contact our Administrative Division at 602-255-4421 extension 156. Forms are located on our website at [azdfi.gov](http://azdfi.gov) click on Licensing click Report Forms.

**License Changes:** Visit our website at [azdfi.gov](http://azdfi.gov) click on Licensing then download the Information about Changes to your License document. To acquire the necessary forms download the Escrow Agent Application.

**Licensing:** For questions about licensing issues (e.g., changes to you license, renewals, financial reports "read below") contact our Licensing Division at 602-255-4421 extension 126.

**Current Branch Applications** are located on our website at [azdfi.gov](http://azdfi.gov) click Licensing click Branch Application click Non-mortgage Industry Branch Application.

#### Required Reports

**Semi-Annual Financial Statement:** Our form is required to be completed (No Exceptions) and is located on our website at [azdfi.gov](http://azdfi.gov) click Licensing click Report Forms. In accordance with A.R.S. §6-832(B), the Semiannual Financial and Escrow Report Statement is required to be completed as of 6/30 and 12/31 of each year. Every escrow agent must make and file such report within 45 days of the noted dates.

**Faxed or e-mail financial reports are not acceptable. Only the original report will be accepted.**

**Annual Audit Report:** The records of each escrow agent shall be audited at least once each fiscal year by a certified public accountant. The audit shall include an audit of the escrow, account servicing and subdivision trust activities of the escrow agent and shall follow generally accepted accounting principles. An original CPA bound financial audit report shall be filed with the superintendent not more than 120 days after the end of the escrow agent's fiscal year. The audit requirement may be satisfied by filing an original CPA bound financial audit report, which is prepared by a certified public accountant, of the parent of the escrow agent including an audit of the escrow, account servicing and subdivision trust activities of the escrow agent.

**Faxed or e-mail audited financials are not acceptable.**

**NOTE:** If a parent company has more than one licensed subsidiary, a separate original CPA bound audit report must be sent for each license held.

**A.R.S. § 6-816(B). Fees** states: "For each day a report required by section 6-832 is not received by the department, a licensee shall pay a fee of twenty-five dollars." It will not be our practice to remind you to timely submit the above financial reports, so please institute procedures to ensure timely submission of all future reports.

### Keep This Page For Your Reference



# Escrow Agent License Renewal

## License Renewal Application for Year 10/01/2006 to 09/30/2007

**Legibly Print Or Type All Information - Do not leave any blanks**

**There must be an answer provided for each inquiry therefore, if not applicable use "None" or "N/A"**

**Do not add attachments in lieu of completing our form.**

### 1. Principal Primary Licensed Location:

Company Name:			License #: <b>EA-</b>	
Doing Business As:				
E-Mail Address:				
Physical Address:				
City:			State:	Zip Code:
Telephone Number:	FAX Number:	Tax ID Number:	Fiscal Year End:	

### 2. Mailing Address if different from the above licensed primary address:

Physical Address:			E-Mail Address:	
City:	State:	Zip Code:	Telephone Number:	FAX Number:

### 3. Corporate Address if different from the above licensed primary address:

Company Name:				
Physical Address:			E-Mail Address:	
City:	State:	Zip Code:	Telephone Number:	FAX Number:
Telephone Number:			FAX Number:	

### 4. Capitalization:

Class:	Shares Authorized:	Shares Issued:
Class:	Shares Authorized:	Shares Issued:

### 5. Title insurance underwriter(s): (List additional underwriters on a separate sheet)

Name:				
Address:				
City:	State:	Zip Code:	Telephone Number:	FAX Number:
Name:				
Address:				
City:	State:	Zip Code:	Telephone Number:	FAX Number:

**"Real Property Escrow Agent"** means an escrow agent that is also a title insurer or title insurance agent licensed under Title 20 and any wholly-owned subsidiary of the real property escrow agent that is a licensed escrow agent but is not a title insurer or title insurance agent licensed under Title 20.

6. Check the category that describes this licensee's business. ☐ Real Property Escrow Agent ☐ Other

7. **Current Ownership.** If applicant is owned by an entity, provide the name of the entity and its corporate financials. If owned by individuals, provide the names and percentage owned of each person. List additional owners on a separate sheet.

Name	Title	% Owner
Ownership Must total 100%		%



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- 8. Control.** List all persons who have the power to vote more than twenty percent of outstanding voting shares of the licensed corporation, partnership, association or trust. List additional names on a separate sheet.

Name	Title	% of outstanding voting shares

- 9. List all Senior Officers and Directors and date assumed office and years of Escrow Experience:** (Use a separate sheet if necessary)

<b>A. Officers:</b>				
President:			Date Assumed Office	Years of Escrow Experience
Business Address				
City:	State:	Zip Code:	Telephone Number:	FAX Number:
Vice President:			Date Assumed Office	Years of Escrow Experience
Secretary:			Date Assumed Office	Years of Escrow Experience
Treasurer			Date Assumed Office	Years of Escrow Experience
If a national corporation, local manager name:			Date Assumed Office	Years of Escrow Experience
<b>Other senior officers:</b>				
Name:			Date Assumed Office	Years of Escrow Experience
Name:			Date Assumed Office	Years of Escrow Experience
Name:			Date Assumed Office	Years of Escrow Experience
Name:			Date Assumed Office	Years of Escrow Experience
<b>B. Directors:</b>				
Name:			Date Assumed Office	Years of Escrow Experience
Name:			Date Assumed Office	Years of Escrow Experience
Name:			Date Assumed Office	Years of Escrow Experience
Name:			Date Assumed Office	Years of Escrow Experience

- 10. Since the license was issued** (10/01/05 to 9/30/06) or since the last renewal (9/30/05) has the licensee or any owner, officer, director, member, trustee, partner thereof; **If you answer "Yes" to any of these questions you must attach the appropriate paperwork (description & final disposition)**

a. been convicted of a criminal offense other than minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. been sued in a civil action within the last fifteen years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. had a final judgment issued against him/her?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. filed bankruptcy within the last fifteen years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. had an order entered against him/her been indicted, been informed against or found guilty by an administrative agency of this state, the Federal government or any other state or territory of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 11 List all occupational or professional licenses the licensee, any owner, officer, director, trustee, member or partner holds or has held, which have been refused, denied, revoked or suspended by any State or the Federal Government since the license was issued** (10/01/05 to 9/30/06) or since the last renewal (9/30/05). Attach copies of full disclosure. Write "None" or "NA" if not applicable.

a. Name on License	Type of License	Issue Date	Expiration Date
Name of Licensing Agency		Type of Action	Date of Action
b. Name on License	Type of License	Issue Date	Expiration Date
Name of Licensing Agency		Type of Action	Date of Action

**2910 North 44<sup>th</sup> Street, Suite 310**  
**Phoenix, AZ 85018**

<b>Form:</b>	<b>EA-REN-001</b>
<b>Revised</b>	<b>08/10/2006</b>



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c. Name on License	Type of License	Issue Date	Expiration Date
Name of Licensing Agency		Type of Action	Date of Action
d. Name on License	Type of License	Issue Date	Expiration Date
Name of Licensing Agency		Type of Action	Date of Action

**12. List all branch(es) being renewed. Do not** submit separately the renewal of branches/offices by accounting cost center, region, division or department within the structure of the licensed Company. Do not count or list the Principal Location EA«LICNO» (#1 above) as a Branch.

a. Address	License #: <b>EABR-</b>
City:	State:
Zip Code:	Telephone #
b. Address	License #: <b>EABR-</b>
City:	State:
Zip Code:	Telephone #
c. Address	License #: <b>EABR-</b>
City:	State:
Zip Code:	Telephone #

**13. Total amount of Branch Renewal Fee(s):** Branch(es) not renewed will be closed.

Number of branch offices: #	X \$250.00 =	<b>TOTAL \$</b>
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**14. Certificate of Good Standing or a Certificate of Authorization and Deposit:**

Have you attached one of these <b>Certificates</b> with this renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide date when this department can expect it to be provided.	
Do not hold up filing the renewal application because you are waiting for the Certificate.	

15. Renewal Fees:	Fees
Principal Place of Business Renewing:	\$1000.00
Branch(es) being renewed: See #12 above.	\$
Late Penalties:(if applicable) Enter \$25.00 per calendar day beginning 10/01 to date received.	\$
<b>License Changes and Other Fees (See instructions on how to make changes to your license)</b>	
Name Change: Enter \$250.00 per license & Include original license(s).	\$
Address Change: Enter \$50.00 per location & Include original license.	\$
Duplicate License fee if original license can not be returned for the license change: Enter \$100.00 per license	\$
<b>Total All Lines</b>	
<b>Pay the amount entered here all on one check</b>	\$
Fingerprint Card(s): Enter \$29.00 per card. Total fingerprint fees must be submitted on a separate check.	\$

**16. Before packaging this renewal to submit are all the following items Complete, Accurate, Attached & Enclosed? Reminder:** Combined, incomplete or incorrect license renewal packages will be returned to the Licensee and a late fee will be assessed if the complete and/or corrected license renewal package is not returned to this Department by September 30<sup>th</sup>.

- ☐ Legibly print or type all answers
- ☐ Answer ALL blanks, questions or statements AND if not applicable with "NONE" or "N/A"
- ☐ Application 4<sup>th</sup> page signed by an Officer of the Licensee & is it Notarized and includes the notary seal/stamp
- ☐ Made and kept copies for your records and or to amend if needed
- ☐ Enclose all prescribed fee(s) on **ONE** Check for **ONLY** this **Renewal Application** package for the total amount of renewal (all licensing changes and late fees, if applicable)
- ☐ Enclosing **ONLY** this Licensee's Original Renewal Application in this package

**AND if applicable, the following:**

- ☐ Properly labeled all attachments to correspond with the applicable application numbers
- ☐ Enclose ownership **Organizational Chart** including holding company with subsidiaries
- ☐ Included **ALL** required documents and fees for any **Changes To Your License** with the renewal
- ☐ Add the late fees of \$25 per day to your renewal if it will be received after September 30<sup>th</sup>

☐ **Are Check(s) Made payable to:** Arizona Department of Financial Institutions or AZDFI

☐ **And Being Remit To:** 2910 N. 44<sup>th</sup> Street, Suite 310  
Phoenix, AZ 85018



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**17. Licensing Compliance Administrator to contact regarding the processing of this Renewal OR to return Renewal to if submitted incorrectly:**

Name:	Title:	E-Mail Address:
Direct Telephone Number & Extension:		FAX Number:
Business Address:		
City:	State:	City:

### Affidavit

**Must be Signed by an Officer and Notarized**

STATE OF \_\_\_\_\_

SS

COUNTY OF \_\_\_\_\_

I \_\_\_\_\_ being duly sworn, depose and say that I have signed the  
print officers' name  
 foregoing application as \_\_\_\_\_ of the above named applicant, having full authority  
print officers' title  
 to sign such application in said capacity; that I have read said application and that the information contained therein is true.

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Officers' Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 My Commission Expires

\_\_\_\_\_  
 (Notary Public Signature)